

Lodi Police Department Citizen Police Academy Enrollment Application

| Full Name: | | | Date: | |
|---|---|---|---|--|
| Home Address: | | | | |
| Home Phone: | | | | |
| Cell Phone: | Email: | | | |
| Employer: | | | | |
| Occupation: | ····· | | | |
| Work Address: | · | | | |
| Drivers License #: | | | | |
| Birth Date: | Height: | Weight: | Hair: | Eyes: |
| Brief explanation why you | u would like to particip | pate in the Citizen | Academy? | |
| Have you ever been arrest | red or convicted of a cr | rime? If yes, explai | n. | |
| Please supply the name and 12. | | | | |
| Live or work in the Be at least 18 years Have no felony con | Applicants for the Citizens' A c City of Lodi | r convictions within 3 ye | ollowing criteria: ars prior to applicatio | n |
| I understand that participation agenerally available to the public I authorize the Lodi Police Depinvestigation, am not involved i convictions within the past thre | c. The information provided artment to use the provided in civil litigation with the Ci | d above will be verified information to verify t ity of Lodi and I do not | I and a criminal record hat I am not the subject have any felony cor | rd check will be completed. ect of an on-going criminal |
| Signature: | | Date: | | |

Mail or deliver completed application to: Lodi Police Department Citizen Academy 215 W. Elm Street Lodi, CA 95240

Attn: Lieutenant Steve Nelson